

Figure C4F – Sample Statement of Qualification; Configuration List  
INFORMATION

# STATEMENT of QUALIFICATION CONFIGURATION LIST

Date: \_\_\_\_\_

## Section 1. FSTD Information and Characteristics

Sponsor Name:	_____	FSTD Location:	_____
Address:	_____	Physical Address:	_____
City:	_____	City:	_____
State:	_____	State:	_____
Country:	_____	Country:	_____
ZIP:	_____	ZIP:	_____
Manager	_____		
Sponsor ID No: (Four Letter FAA Designator)	_____	Nearest Airport: (Airport Designator)	_____

Type of Evaluation Requested: \_\_\_\_\_

Initial  
  Upgrade  
  Continuing Qualification  
  Special  
 Reinstatement

Aircraft Make/model/series:	_____		
Initial Qualification: (If Applicable)	Date: _____ Level _____ MM/DD/YYYY	Manufacturer's Identification or Serial Number	_____
Upgrade Qualification: (If Applicable)	Date: _____ Level _____ MM/DD/YYYY	<input type="checkbox"/> eMQTG	
Qualification Basis:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> Interim C
	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> Provisional Status
			<input type="checkbox"/> C <input type="checkbox"/> D

### Other Technical Information:

FAA FSTD ID No: (If Applicable)	_____	FSTD Manufacturer:	_____
Convertible FSTD:	<input type="checkbox"/> Yes:	Date of Manufacture:	_____ MM/DD/YYYY
Related FAA ID No. (If Applicable)	_____	Sponsor FSTD ID No:	_____
Engine model(s) and data revision:	_____	Source of aerodynamic model:	_____
FMS identification and revision level:	_____	Source of aerodynamic coefficient data:	_____
Visual system manufacturer/model:	_____	Aerodynamic data revision number:	_____
Flight control data revision:	_____	Visual system display:	_____
Motion system manufacturer/type:	_____	FSTD computer(s) identification:	_____

National Aviation Authority (NAA): (If Applicable)	_____		
NAA FSTD ID No:	_____	Last NAA Evaluation Date:	_____
NAA Qualification Level:	_____		
NAA Qualification Basis:	_____		